



DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
INSTALLATIONS LOGISTICS AND ENVIRONMENT
110 ARMY PENTAGON
WASHINGTON DC 20310-0110

MAY 18 1998

MEMORANDUM THRU DIRECTOR OF THE ARMY STAFF

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SUBJECT: Policy Memorandum – Army Ergonomics Program

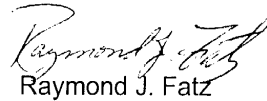
This Policy Memorandum provides guidance for implementing the Army Ergonomics Program. More than 50 percent of active duty and civilian workforce injuries and illnesses are work-related musculoskeletal disorders. They account for the majority of Army lost-time injuries, profiles, hospitalizations, and disabilities. It is the Army's goal to prevent or reduce injuries and illnesses among Army personnel, and commanders at all levels must ensure that the military and civilian personnel under their command are provided with safe and healthy work environments.

To assist commanders in fulfilling these work-related responsibilities, ergonomics has been made an integral part of the Department of Defense and Army Occupational Safety and Health (OSH) Programs. The Army Ergonomics Program was developed jointly by the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) and the U.S. Army Safety Center (USASC). An outline of specific program roles and responsibilities that must be fulfilled is enclosed.

The Army Surgeon General's Office, through the USACHPPM, will take the lead in providing guidance to help commanders establish their ergonomics programs, and the USASC will provide additional support. The roles and responsibilities listed in the enclosure will be reflected in forthcoming changes to Army Regulations to ensure program compliance. In addition, a Department of the Army Pamphlet on Ergonomics will be published soon to provide details on the development of written policies and plans, workplace analyses, hazard prevention and control, health care management, education and training, program evaluation and review, and materiel acquisition.

The ergonomics program can dramatically improve our readiness and productivity by eliminating or reducing work-related illnesses and injuries. We must act quickly and decisively to implement this program to begin realizing its benefits. Direct your programmatic questions to LTC Mary Lopez, USACHPPM Ergonomics Program

Manager, DSN 584-3928 or commercial (410) 671-3928; or Ms. Melissa Bonds, USASC Safety and Occupational Health Manager, DSN 558-2643 or commercial (334) 255-2643. My point of contact for this action is LTC Steve Richards at (703) 697-0440.



Raymond J. Fatz
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(Environment Safety and Occupational Health)
OASA(I,L&E)

Enclosure

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cf:

ADUSD(S&OHP)
OTSG (COL Wolfe)
USASC (Ms. Bonds)
USACHPPM (LTC Lopez)

Ergonomics Program Roles and Responsibilities

Installation Commander

- (1) Establishes an ergonomics subcommittee under the Safety and Occupational Health (SOH) advisory council and integrates ergonomics into all phases of the Occupational Safety and Health (OSH) program.
- (2) Approves the installation ergonomics policy and plan based on the recommendations of the SOH Advisory Council.
- (3) Supports the Ergonomics Program, demonstrates commitment, and provides necessary resources based on the magnitude of the Work-related Musculoskeletal Disorder (WMSD) problem and local command priorities.
- (4) Designates an installation ergonomics officer (IEO) and selects members of the ergonomics subcommittee based on recommendations from the Installation Medical Authority (IMA) and the IEO.

Installation Medical Authority (IMA)

- (1) Advises the installation commander on appropriate individuals for membership on the ergonomics subcommittee.
- (2) Ensures that a written installation protocol is developed for the early recognition, evaluation, treatment, and follow-up of WMSDs among military and civilian personnel.

Installation Ergonomics Officer (IEO)

- (1) Is a qualified health or safety professional who has received at least 40 hours of formal ergonomics training.
- (2) Chairs the ergonomics subcommittee and provides an interface between the ergonomics subcommittee and the SOH advisory council.
- (3) Develops and implements the installation ergonomics policy and plan, with the assistance of the ergonomics subcommittee and approval of the SOH advisory council.
- (4) Ensures accurate program record keeping and periodic evaluation and review of program objectives. Reports results of the evaluation to the SOH Advisory Council.

Ergonomics Subcommittee

- (1) Based on local personnel resources, may consist of representatives from industrial hygiene; safety; health care (physician, occupational health nurse, occupational and physical therapists, physician's assistant); Civilian Personnel Office (CPO); and local unions. Advisory members include representatives from the Directorate of Contracting Support, the Directorate of Public Works, and the Directorate of Logistics.
- (2) Oversees and participates in--
 - (a) Identifying existing and potential WMSDs through workplace analysis that involves both passive and active surveillance.
 - (b) Setting priorities for abatement of identified WMSDs.
 - (c) Identifying and implementing corrective actions.
 - (d) Providing appropriate worker and supervisor training.
 - (e) Coordinating efforts with medical personnel.
 - (f) Evaluating effectiveness of corrective actions and documenting the results.

Director of Contracting Support (or equivalent)

Ensures the integration of ergonomic considerations and consults with trained ergonomics personnel concerning the purchase of new equipment.

Director of Public Works (DPW)

Integrates ergonomic considerations into and consults with trained ergonomics personnel concerning facility modifications and construction.

Director of Logistics

Ensures the integration of ergonomic considerations in and consults with trained ergonomics personnel concerning the purchase of new equipment.